

**Washington State Health Care Authority  
CONTRACT AMENDMENT**

<b>1A. NAME OF CONTRACTOR</b> Corporate Translation Services, Inc. DBA CTS LanguageLink	<b>2A. CONTRACT NUMBER</b> K619 – Service Area 2
<b>1B. ADDRESS OF CONTRACTOR</b> 911 Main Street, Suite 10	<b>2B. AMENDMENT</b> <p style="text-align: center;">6</p>
<b>1C. CITY, STATE, ZIP CODE</b> Vancouver, WA 98660	

3.  **THIS ITEM APPLIES ONLY TO BILATERAL AMENDMENTS**  
 The Contract identified herein, including any previous amendments thereto, is hereby amended as set forth in item 5 below by mutual consent of all parties hereto.

4.  **THIS ITEM APPLIES ONLY TO UNILATERAL AMENDMENTS**  
 The Contract identified herein, including any previous amendments thereto, is hereby unilaterally amended as set forth in item 5 below pursuant to the changes and modifications clause as contained therein.

5. **DESCRIPTION OF AMENDMENT:**

The following sections of the Contract are amended as follows:

6. Section 7. Billing a. (1) (b) is added as follows:

(1) HCA Billing Process:

(b) Submit claims denied by ProviderOne for direct Interpreter Services to the State Program Managers using the State Form A-19-1A Invoice Voucher, or such other form as designated by HCA, no more frequently than monthly, by the twentieth (20) calendar day of each month.

Claims eligible for payment using the A-19 process:

- i. Scheduled encounter resulted in a "cancellation" or "no show" as a result of a deceased client and was properly denied by ProviderOne.
- ii. Scheduled encounter was properly denied by ProviderOne due to unrecognized referring provider when HCA contracts required payment but is disallowed by ProviderOne.

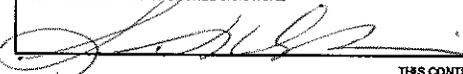
- iii. Scheduled encounter was properly denied by ProviderOne due to a change in benefit eligibility not communicated at least 48 hours prior to the start of the appointment to meet the agreements required by the Collective Bargaining Agreement.

7. The effective date of this amendment is 09/24/2012.

All other terms and conditions of this Contract remain in full force and effect.

- This is a unilateral amendment. Signature of contractor is not required below.
- Contractor hereby acknowledges and accepts the terms and conditions of this amendment. Signature is required below.

IN WITNESS WHEREOF, HCA and the contractor have signed this agreement.

CONTRACTOR SIGNATURE 	DATE 8/30/2013
HCA ADMINISTRATOR/DESIGNEE SIGNATURE 	DATE 9/4/13 Susan DeBlasio HCA Contracts Administrator

THIS CONTRACT HAS BEEN APPROVED AS TO FORM BY THE ASSISTANT ATTORNEY GENERAL HCA-728 (1/93)